

# **An Introduction to Planning Local Programs for Young Handicapped Children**

An Information Resource  
for Local School System Personnel,  
Parents, and Others

by  
Pascal L. Trohanis

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**AMERICAN FOUNDATION FOR THE BLIND  
15 WEST 16th STREET  
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by  
**Pascal L. Trohanis**

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**TADS**





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Helene Corradino, Project officer to TADS  
Office of Special Education Programs, U.S. Department of Education

Pascal L. Trohanis, TADS Director and Principal Investigator

September 1985





## INTRODUCTION

This paper is designed to help state administrators orient local school system personnel, parents, and others to the task of long- and short-range planning for comprehensive special education and related services to young handicapped children. This is not a "how-to" guide. Rather it is a reference tool that introduces some of the considerations facing local planning teams. The general participatory planning process outlined here comprises five related activities:

- obtaining authorization
- using a planning team
- conducting a needs assessment
- formulating philosophy and goals
- delineating the intervention service

The culmination of this process is a written plan, in cooperation with other state and local initiatives, that may help guide community action toward the development of a comprehensive service delivery system. Figure 1 shows a sample outline for the written plan.

This resource paper can be used in several ways:

- Awareness: to orient local agency personnel, parent group representatives, and others to a planning process.
- Reference: to serve as a tool during the formation of the local planning team.
- Information: to help produce an information sheet, a local preschool planning guide, or an audiovisual presentation.
- Bibliography: as a guide for reviewing and procuring library materials for further research and study.

## OVERVIEW

- The number of babies born in America with some physical or mental defect has doubled since the late 1950s.
- Several states have legislative bills pending to lower the legal school entrance age, allowing local education agencies (LEAs) to count pre-schoolers toward state aid allotments.

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*Figure 1*

## Sample Outline of a Written Plan for a Comprehensive Service Delivery System

- I. Background and Introduction
    - A. Impetus for planning, including a brief history about service needs and availability and linkage of this effort to other initiatives
    - B. Authorization
    - C. Approval process
  - II. Planning Team Process
    - A. Composition and membership
    - B. Tasks
    - C. Timetable
    - D. Consultants used
    - E. Other documentation
  - III. Report on Needs Assessment
    - A. Agree upon and state definitions
    - B. Research general influential factors
    - C. Identify and agree on local problem/need
    - D. Obtain other documentation
    - E. Analyze and synthesize findings
    - F. Prepare a report
  - IV. Philosophy of Program
    - A. Assumptions reviewed
    - B. Beliefs agreed upon and stated
    - C. Other documentation
  - V. Goals of Program
    - A. Alternatives explored
    - B. Statements made
    - C. Priorities set
  - VI. Intervention Service and Its Components
    - A. Child Services
    - B. Family Involvement
    - C. Staffing
    - D. In-service Education
    - E. Community Awareness and Liaison
    - F. Program Environment and Transportation
    - G. Evaluation
    - H. Governance
    - I. Financial and Business Affairs
    - J. Administration, Management, and Coordination
  - VII. Closing Recommendations for Implementation, including a Budget Request
  - VIII. Appendices
-



- There may be as many as 3.7 million at-risk children under age 6 years.
- An increasing number of single and adolescent parents must deal with the needs of their young handicapped children.
- Presently, 23 states have mandated legislation for the provision of educational services to handicapped children under age 5 years; more states are considering legislation along with implementation strategies.
- Public Law 98-199 gives all states the opportunity to plan, develop, and implement an interagency state plan for comprehensive service delivery systems to handicapped children, birth through age 5 years.

These are the new challenges America's 16,000 local school systems must address on behalf of young handicapped children. Superintendents, principals, special education coordinators in partnership with community human service and health agency leaders and personnel, and parents must become informed about, and participate in, the design of new local service programs for these children.

The necessity for this increased level of involvement is underscored by research, literature, and current practice in early intervention. Jordan, Hayden, Karnes, and Wood (1977) observe:

There is evidence that programs providing early educational and therapeutic programming to meet the needs of young handicapped children and their families are reducing the number of children who will need intensive or long-term help. The importance of reaching handicapped children early and working to help them reach their full potential cannot be overemphasized. With early help, the sooner the better, these children can often function at higher levels than had been dreamed possible in prior years. (p. 3)

Johnson and Chamberlin (1983) summarize the effectiveness of early intervention in terms of "keeping a child's development within normal limits, increasing developmental rate, preventing secondary effects of a disability, keeping a child out of an institution, or helping a family to function more adequately" (p. 1). Such findings have earned early intervention programs growing support in public and professional circles (Berrueta-Clement et al., 1983; Bailey & Wolery, 1984; Swan, 1984; Schweinhart, 1985).

#### ACTIVITY 1: OBTAINING AUTHORIZATION

A local program planning process should acquire official support and sanction by a school board and other community authorities. It should secure the endorsement for the effort from parents and others in the town, city, county, or other locale.

Also, formal procedures should be delineated as per approval of the plan. Such authorization lends visibility and credibility to the effort and provides public notice about the effort's importance and its relationship to other local, state, or national initiatives on behalf of young handicapped children and their families. Resources should be made available during the authorization stage to provide for travel, supplies, an office staff, consultants, photocopying, and communications.

### ACTIVITY 2: USING A PLANNING TEAM

The planning process should be undertaken by a team sponsored, organized, and coordinated by one of the school system's central office units, the superintendent's office, another local service agency, a parent organization, or other entity. The team should represent a variety of community opinions, needs, affiliations, expertise, and perspectives. Representatives may include school board members, principals, local education administrators, classroom teachers, personnel from private service agencies, parents, health care professionals, early childhood special education specialists, university faculty, and personnel from other public agencies.

Since the planning team will play an ongoing role in the entire development process, the team's efforts must be coordinated by an individual at the local level who is task oriented and flexible, can delegate manageable individual and group tasks to other team members, and will maintain a positive attitude throughout. Following are some of the coordinator's major tasks:

- maintaining regular communication with members
- establishing times and places for meeting
- outlining opportunities for the general public to be heard
- clarifying long- and short-term goals
- setting agendas
- suggesting quality control criteria for the written plan
- serving as group facilitator

Additional coordination activities may be necessary. A strategy should be formed and followed to ensure that the team has access to reliable and timely information. The local planning effort should be coordinated with other complementary planning activities in the community, region, or state. Reasonable timelines should be set for the development of the written plan as well as steps to follow for approval of the plan.

### ACTIVITY 3: CONDUCTING A NEEDS ASSESSMENT

After getting organized and oriented to its tasks, the planning team should undertake an activity known as a needs assessment. This involves defining what constitutes comprehensive services and identifying and agreeing



upon the local needs for comprehensive special education and related services. Needs assessments seek answers to such questions as: What are the problems or needs of young handicapped children? Why do they exist? What does our community want to do about these needs? What type of program should be established, and where should it be located? What kinds of resources are necessary and available?

Factors that influence local special education and related services can be organized into the following four broad categories: community, state, national, and cultural (see Figure 2). The planning team should analyze the elements of each of these influences and determine which are relevant to the plan for the community. Depending upon the outcome of this analysis, the team may wish to gather additional quantitative information. Strategies may include a community survey, parent questionnaire, contact with local child find or community agency authorities, telephone interviews of a sample of people, visiting and learning from other community preschool programs, or convening public hearings or forums.

It is best to define clearly the information needed, delegate responsibility for compiling this information, and outline decision-making procedures. For example, the team may ask itself:

- Is there a need to synthesize the available research on early intervention?
- What demographic information is necessary and who will collect it?
- Who will analyze the data and how should it be done?
- How will the findings be reported?

A report that synthesizes the team's proceedings and findings from the needs assessment process will serve as a major part of the written plan and provide guidance in the next steps of the planning process.

#### ACTIVITY 4: FORMULATING PHILOSOPHY AND GOALS

From its needs assessment information the team can formulate its overall philosophy and a statement of goals for the written plan. Philosophy and goal statements serve as the core for designing a plan for comprehensive special education and related services.

The team must take into account various practices and ideas from early childhood, special education and related areas, and multicultural education. Questions to be researched, debated, and answered by the planning team in formulating philosophy include the following:

Figure 2

## Assessing Local Needs: Four Families of Influences to Consider

* * <u>Community Influences</u> * *	* * <u>State Influences</u> * *
<ul style="list-style-type: none"> <li>- Present service situation (Are any young handicapped children and their families not receiving services? What are the ages of such children? What types of handicapping conditions are most prevalent?)</li> <li>- Available resources in the community or nearby to develop and implement a program</li> <li>- Special service delivery problems posed by location</li> <li>- Adequacy of support from such groups as parents, school board leaders, and service agency officials to initiate services</li> <li>- Existence of a planning partnership among various service agencies</li> <li>- Community expectations in the long and short runs</li> <li>- Any prior conflict or tension over providing services to young handicapped children</li> <li>- The nature of power and decision-making in the areas that may influence program planning and implementation</li> <li>- Present and near-future economic situations</li> <li>- Feasibility of places to serve children and families</li> <li>- Nature and adequacy of currently offered services</li> <li>- Local priorities, in general, for services to young children with special needs</li> </ul>	<ul style="list-style-type: none"> <li>- Priorities for serving young children in public schools and other settings</li> <li>- State mandate for special education and related services</li> <li>- Age requirement for attending kindergarten</li> <li>- Head Start programs that have a mandate to reserve 10% of their client space for handicapped children</li> <li>- Day care, demonstration, outreach, or state projects funded by the Handicapped Children's Early Education Program of the U.S. Department of Education, or other federal/state programs</li> <li>- Preschool components of the state's plan under P.L. 94-142 and the preschool incentive grant program</li> <li>- Training activities funded by the U.S. Departments of Education and Health and Human Services and others</li> <li>- Indian education or bilingual programs that serve young handicapped children</li> <li>- Plans for Medicaid, MCH block grants, Mental Health, SSI, and EPSDT</li> <li>- Plans and priorities of the state's Developmental Disabilities Council or other interagency council</li> <li>- State standards, rules, or guidelines for preschool handicapped children</li> <li>- Sources of funds available for programming</li> </ul>
* * <u>Cultural Influences</u> * *	* * <u>National Influences</u> * *
<ul style="list-style-type: none"> <li>- A perspective on multilingual use in the program</li> <li>- Stress to be placed on history and culture in the curriculum and other services for children and families</li> <li>- Special economic considerations to be addressed</li> <li>- Reconciliation of the clash between urban and rural ways</li> <li>- Any unique political, decision-making, or sanctioning practices that must be followed</li> <li>- Relationships between local leadership and federal/state program personnel</li> </ul>	<ul style="list-style-type: none"> <li>- Economy</li> <li>- P.L. 98-199 and the implications of such factors as the HCEEP state plan grant program</li> <li>- Court rulings on bilingual and special education, and related areas</li> <li>- Trends in early childhood programming and research</li> <li>- Funding sources available to start or operate programs</li> <li>- The impact of interagency coordination and family involvement</li> <li>- Availability of new intervention practices and materials</li> <li>- Regulations for the Indian Education Act, EPSDT, MCH/CC, Head Start, day care, and other federal efforts</li> <li>- Availability of MCH Special Projects of Regional and National Significance (SPRANS) and other innovative projects</li> </ul>



### Early Childhood

- How will the program define the ages considered to be part of early childhood efforts (e.g., 3 to 5 years, birth to 8 years)?
- What are the local beliefs about children and learning?
- What theories of human development apply (e.g., behavioral, interactionist, maturational)?
- How do children develop moral and ethical ideals?
- Which developmental areas will be emphasized (e.g., affective, language, cognitive, motor)?
- How should individual and group learning experiences be mixed?
- What will be the local program's basic mission?

### Special Education and Related Areas

- What types of handicapping and at-risk conditions will be served?
- How should young special children be identified, classified, and served?
- What expectations should parents have as to their child's progress?
- How should preschool handicapped and nonhandicapped children be integrated in regular settings?
- What federal and state laws concerning special education, health, mental retardation, mental health, and developmental disabilities will shape the program's goals and philosophy?
- What related services should be offered to children and families?
- What roles should families play in the program?
- What roles do other agencies play in providing comprehensive services?

### Multicultural Education

- How should cultural differences be handled?
- What should be the setting for learning? (For example, there may be resistance among some cultural groups to in-home intervention.)
- Where should school jurisdictions (e.g., public, military, Bureau of Indian Affairs) overlap?
- How should the child's self-image be enhanced?
- How will language differences be addressed? (For example, should the program be monolingual or bilingual?)

Once the overall philosophy has been determined, the team must transform this philosophy and the accumulated planning information into clearly defined goals. Goal statements reveal the preschool program's general, long-range intended outcomes for children and their families. These goals will be tempered by local needs, constraints, and resources. Here are two examples of goal statements:

- 1) The local program over the next three years will maintain the developmental functioning of young severely handicapped children (in such areas as gross motor, fine motor, and language skills) and thereby avoid institutionalization of the children.
- 2) The local program over the next three years will increase the knowledge and skills of parents for interaction with their handicapped children at home, at school, and in the community.

While the number of goals will vary with each community plan, six to eight statements, in priority order, may be appropriate and useful.

Once the beliefs, vision, and goals for the program are articulated, the local team may move to the next and most challenging phase of its program planning: the delineation of the intervention service.

#### ACTIVITY 5: DELINEATING THE INTERVENTION SERVICE

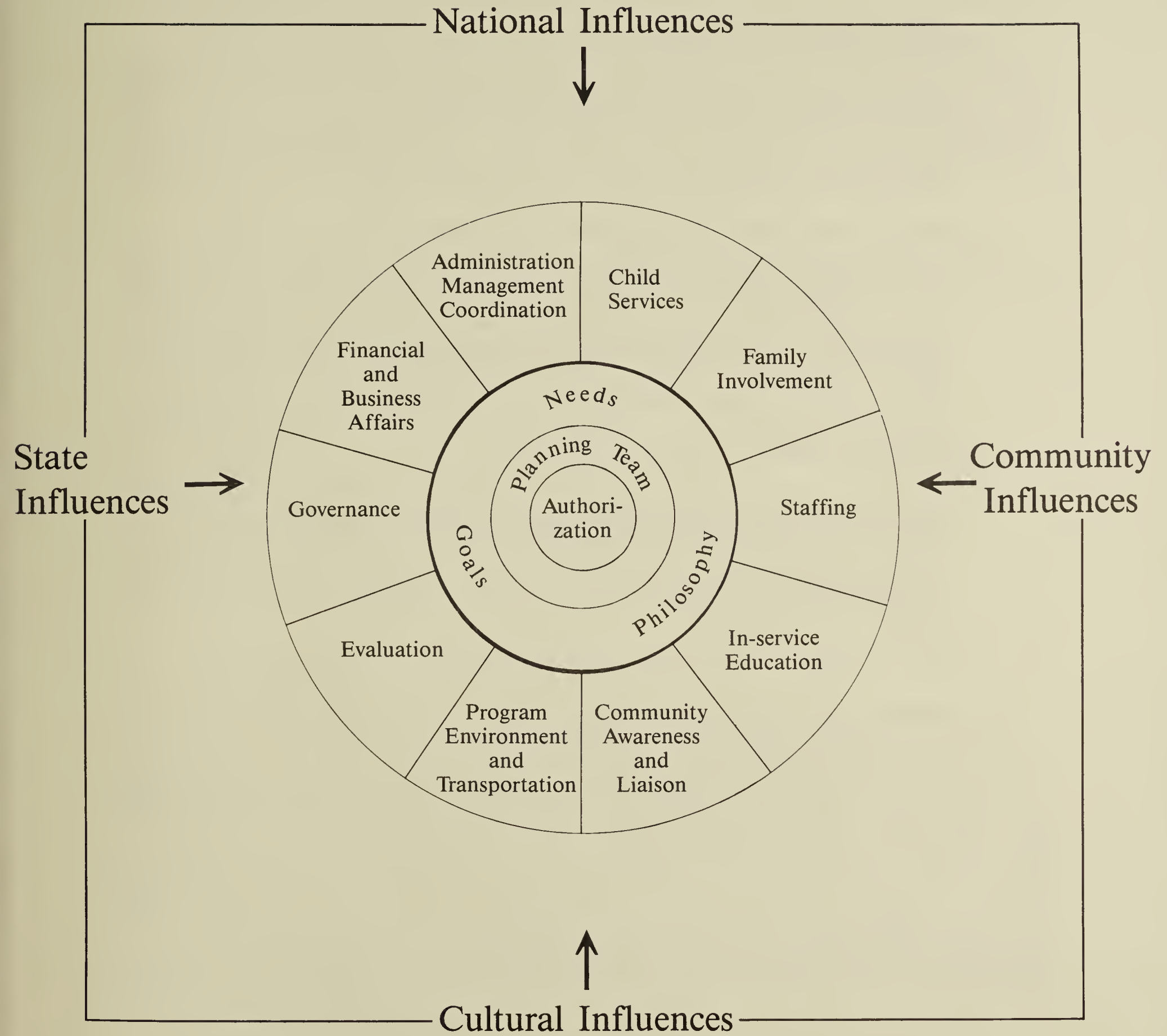
Intervention service refers to an organized approach that supports the developmental progress of young handicapped children. The service may constitute special handling in a hospital nursery, preschool education in a classroom, or home-based training. The focus of this planning activity, as Hayden (1977) reminds us, should be on the individual child: "Children with special needs deserve to have early intervention programs; we need to help each child make the most of her or his potential" (p. 3).

Figure 3 shows ten interrelated components of an intervention service within the context of the other community planning activities. Each of the ten components, on the rim of the largest circle, is described briefly below in terms of its importance to the promotion of developmental progress by young handicapped children. While examining these components, the team must decide how much emphasis to accord each in the written plan. (Also see Woodruff et al., 1985.)

#### Child Services

The aim of this component is to enhance the total development of the child. Activities that may be considered for this component include:

# Ten Related Components of an Intervention Service





- Pinpointing specific short-term service objectives which relate to the longer-term goal statements.
- Determining eligibility requirements for service participation.
- Discussing referral, identification, and screening procedures to locate children for the service.
- Outlining a multidisciplinary diagnostic workup (e.g., health, family ecology, sensory and educational evaluation).
- Assessing the child's special needs to establish instructional or intervention objectives and to set up daily plans.
- Preparing or modifying individual service plans.
- Choosing from a continuum of locations for the provision of services.
- Researching a curriculum and careful sequence of instruction or intervention. (For example, the curriculum might include broad areas such as cognitive, self-help, motor and manipulative, social, language, and self-expression skills; affective development; and culture/traditions/history. There may be different sequences, materials, and objectives for each child.)
- Describing the implementation of a comprehensive array of services, as necessary, from education, health, physical therapy, and dentistry. (For example, a transdisciplinary, multidisciplinary, or team approach to providing services may be incorporated, along with using volunteers, family members, and an individually assigned case manager for each child.)
- Determining how to document child progress.
- Planning transition activities to other educational and related services (e.g., kindergarten, first grade).

The planning team should take stock of these features by weighing the characteristics that lead to successful child services. McDaniels (1977) says that successful services are coherent, have a rationale, and clearly define their goals or expectations. Also important to success are the timing of intervention (the earlier services are begun, the more handicapped children appear to benefit) and the amount of time required to reach instructional and related service goals. Success can be magnified if the services stem from a theoretical base, allow for adequate planning and modelling time, have a low child-to-service provider ratio, and emphasize language (Anastasiow, 1977).

Children's services come in many forms and represent different philosophies, instructional approaches, interagency arrangements, and service settings (White et al., 1984; Assael, 1985). The planning team can obtain more information about specific service options and criteria for making choices through the local education agency staff, experts the team has hired, or such resource persons as the state education agency's early childhood special education coordinator, the state maternal and child health coordinator, the state



day care coordinator, and the state mental retardation and developmental disabilities coordinator.

### Family Involvement

Family involvement is crucial to a successful intervention service. Moore (1974), Lillie and Trohanis (1976), and Gallagher (1983) contend that the family ecology and the amount of quality time spent with the family represent a most influential factor in determining a child's behavior patterns, acquisition of knowledge, social adjustment, and development of communications skills. Thus, an intervention service should tap the interests and skills of the family.

The team may outline ways to determine the needs of family members, set objectives, develop and implement appropriate activities, and evaluate results. When examining the family's role in providing comprehensive services to children, the planning team should consider the following:

- capabilities and resource networks of parents
- social and emotional support to parents
- exchange of information between parents and preschool program personnel
- assistance by parents in program planning, administration, and evaluation
- instruction of parents to help them teach their own children
- social, health, psychological, and nutritional services, including respite care, advocacy, and counseling

Intervention activities in which families may play a part include case management, diagnosis, development of individual service programs, group discussions, home visits, individual conferences, program management, and training sessions in the preschool center or classroom. Newsletters or written reports also can keep families involved and informed.

### Staffing

Successful intervention services require competent, accepting, and responsive staff members. McDaniels (1977) observes, "the success of any program rests in the hands of the caregivers--the parents, teachers, and other adults who deal directly with the child" (p. 31).

Staffing will vary depending on the focus of the local program plan. Most likely, there will be a leader (director, principal, or coordinator) and primary caregivers (early childhood special education teachers, paraprofessionals, early interventionists, or aides). There also may be social workers, physicians, nurses, interpreters, psychologists, evaluators, communications specialists, speech and hearing specialists, occupational therapists, cultural

specialists, physical therapists, cooks, bus drivers, community volunteers, and student teachers. In most cases, the staff will consist of both full- and part-time personnel.

The planning team may take up other personnel matters. These include job descriptions, competencies, and minimum qualifications. Recruitment, salaries and staff benefits, performance criteria, tenure rights, child-staff ratios, substitutes, certification or licensing requirements, and supervision patterns may also be discussed. Rural and isolated areas often face special difficulties in many of these matters, especially in attracting and retaining quality personnel. The planning team may address whether or not special effort should be given to recruiting qualified personnel of the same cultural background as the children and families being served by the program.

### In-service Education

Ongoing in-service education, a vital component in the success of a pre-school intervention service, consists of improving staff skills, orienting people to certain practices, developing parent skills, and preparing staff for new or multiple roles (Trohanis, 1985). The plan for local services should emphasize a systematic and responsive approach to in-service education to address the needs of a diverse audience that may include administrators, classroom teachers, community members, parents, specialists, and teacher trainers. The plan should further recognize that the content of the in-service training will vary depending upon audience needs and the focus of the intervention service. For example, topics that could be addressed include language development, nondiscriminatory testing, procedural safeguards, classroom arrangement, health care, itinerant services to migrant handicapped children, family assessment, and new instructional techniques for the severely disabled youngster.

The planning team should recognize also that in-service education can be delivered through workshops, correspondence courses, conferences, consultations, and audiovisual and print materials. Regardless of the methods recommended in the written plan, planners should ensure that in-service programs tap top-notch expertise and accommodate language and cultural differences.

Once the preschool program is established, it may be useful to maintain contact with technical assistance, training, and resource agencies which can be supportive to local programs. The planning team should investigate and perhaps establish initial contacts. Federally funded agencies include Regional Resource Centers (RRC), Educational Laboratories, Special Projects of Regional and National Significance (SPRANS), Resource Access Projects (RAP), the Technical Assistance Development System (TADS), the State Technical Assistance Resource Team (START), University Affiliated Programs (UAP), the National Center for Clinical Infant Program 0-3 Project, and other specialized technical assistance organizations. On the state level, the state coordinator for early childhood services, state education agencies, Intermediate Education Units, and other state agencies can provide valuable assistance. Professional organizations and public and private institutions of higher education should also be considered.



### Community Awareness and Liaison

The intervention service must become an integral part of the local community. The plan should suggest how to communicate with diverse community audiences about the needs of young special children; about the need for and availability of comprehensive coordinated services; about the program's mission, location, and benefits; about transition services; about changing negative attitudes toward the handicapped; about linkages to state preschool program initiatives and activities; and, often, about the need for funds.

Because of the diverse needs of young children and their families, neither one agency (e.g., education or health) nor one group of people (e.g., professionals) should be expected to plan and provide all services. Therefore, the team also should formulate a method in its plan to establish and maintain liaison with local agencies, family members, and service providers with whom services for young handicapped children and their families may be coordinated. The planning team should explore prospects for using a case manager and for developing interagency service agreements and relationships with agencies such as Head Start, Developmental Disabilities, the Bureau of Indian Affairs, day care programs, social services, hospitals, public health services, and private agencies. (See Magrab and Elder, 1979; Magrab, 1982; Peterson & Mantle, 1983; MacQueen, 1984.) The outcomes of collaboration may include planning and sharing staff, facilities, training, and services.

Community awareness and liaison activities can be established through a variety of strategies. The planning team may recommend the use of personal contacts (public meetings, one-on-one meetings, interagency meetings, consultations, and coalition building), print and audiovisual materials, magazine and newspaper articles, or press releases for the mass media. Of course, community cultural and linguistic factors must always be considered (Trohanis, 1980).

### Program Environment and Transportation

Anastasiow (1977) suggests that in a preschool program an atmosphere of warmth, acceptance, and positive reinforcement should prevail. Intervention services can be offered in day care centers, classrooms, hospital neonatal care units, or in the home. The planning team also may wish to address questions of space, accessibility, furnishings, lighting, heating and cooling, specialized technologies and equipment, acoustics, bathrooms, playground, and fire hazards. Any setting will require storage space for instructional resources, audiovisual materials, and other equipment. Additionally, nutritional services may need to be discussed.

In order for children and families to participate in a program, transportation must be explored. Methods may include automobiles, buses, or vans that can safely accommodate to the needs of handicapped youngsters. The planning team may need to discuss procedures for mileage reimbursement where transportation cannot be provided directly. In very isolated areas, mail, telephone, microcomputer, and airline services can be essential tools to link preschool intervention services.

## Evaluation

A successful intervention service provides for ongoing self-evaluation. Cohen (1975) and Suarez (1982) identify three reasons for evaluation:

- to help in planning and revising the service (What must be added? Which parts should be strengthened or eliminated?)
- to aid in administration (Were all planned services delivered? At what cost?)
- to provide feedback on the value of the intervention service (What were the net effects on the children and their families?)

A plan for preschool services should draw upon two types of evaluation--one that monitors daily operation (efficiency) and one that tracks the outcome or effect of the service over a longer period of time (efficacy). Evaluating both efficiency and efficacy will provide the local intervention program with vital data for decision making, for improved staff communication, and for accountability reporting.

To implement the two types of evaluation, the planning team may want to create an outline specifying goals, objectives, and areas to be evaluated; an evaluation design and reliable measures; and procedures for the collection of data. Finally, the uses to which the results will be put should be addressed.

## Governance

An active community-based governing structure sees to it that the general guidelines, developed during and after the planning process, are put into operation and that the plan is congruent with state and federal laws and regulations. Structure and responsibilities will vary depending upon the primary sponsoring agency, the locale, the desired functions of the preschool in the community, the day-to-day administrative structure, and the funding sources. Based on community needs, the planning team may recommend centralized direction by the local school board; by a policy board of parents and other community citizens and chaired by a member of the school board; or by a multi-agency board of representatives from a variety of public and private service agencies and parent groups.

The planning team may also recommend a schedule and format for the governing board's meetings. Clear lines of communication and authority will ensure a smoothly functioning early childhood service.

## Financial and Business Affairs

The ongoing challenge of acquiring, managing, and accounting for funds requires a great deal of work and careful planning. The planning team should outline a budget divided into the following major expense categories (line items) related to intervention service objectives:



- Personnel costs--staff salaries and fringe benefits.
- Nonpersonnel costs--equipment, office supplies, telephone, postage, transportation, food services, training and consultant fees, assessment and instructional materials, and publicity.
- Overhead--space, construction and renovation, and utilities.

The planning team can get a general idea of typical expenditure-per-child cost schemes from other preschool intervention programs and from relevant literature. One Rand Corporation study (Kakalik et al., 1981) revealed that it costs about twice as much to serve a handicapped child as it does to serve a nonhandicapped student. The more severe the handicap, the greater the cost. For example, yearly costs range from around \$2,000 for a speech-impaired child to around \$9,000 for a functionally blind youngster. For additional references to help locate information about preschool handicapped program cost estimates, refer to Educational Programs That Work (1985) and The 1984-85 Handicapped Children's Early Education Program (HCEEP) Overview and Directory.

Funds for the operation of a preschool service can come from various sources. The planning team may want to identify those that are most important. According to Gilkerson and Trohanis (1977), potential funding sources include:

- Federal funds. The Handicapped Children's Early Education Program (HCEEP) of the U.S. Department of Education provides initial funding to establish locally based demonstration and outreach projects. The Department of Education also funds Preschool Incentive Grants, Bilingual Education Classroom demonstration projects, and special Indian education programs. The planning team may also want to investigate programs sponsored by the U.S. Department of Health and Human Services, including Maternal and Child Health; Early Periodic Screening, Diagnosis and Treatment (EPSDT); Head Start; Developmental Disabilities; Crippled Children's Services; and Women, Infants and Children (WIC).
- State and local funds. The planning team should become familiar with the funding priorities and patterns of major state and local agencies such as education, mental health, mental retardation, developmental disabilities, health, child development, and human resources.
- Private funds. Fundraising efforts may involve agencies such as the United Way; local corporations, businesses, or foundations; and individual contributors. Bake sales, car washes, or auctions are also effective fundraising activities.
- Other. Endowments, in-kind donations, third-party payments, and fees from parents should be considered as additional sources of support for preschool handicapped services.

#### Administration, Management, and Coordination

The final component is the glue that holds the entire preschool intervention service together. As Decker and Decker (1976) observe:

Adequate planning and administration will mean that the environment provided and the services rendered are efficiently managed in ways which are in keeping with the program's goals and the legal and/or funding agency's regulations and which are stimulating and supporting to those involved. (p. 7)

The planning team should formulate an administrative structure which may consist of a central office preschool service director, staff, and policy committee. Recommendations may be made concerning procedures for setting overall policies such as eligibility, admission, service hours, personnel, attendance, transportation, staff-child ratios, and alternative child services. The planning team may offer suggestions about locating resources, managing finances, supervising operations, offering in-service activities, fostering family involvement and community awareness, evaluating program services, and negotiating and implementing interagency agreements or contracts for related services.

These tasks require a special commitment. Hewes (1979), La Crosse (1979), and Linder (1983) emphasize the need for strong managerial skills and dedication to preschool intervention goals. Honest, competent, and sensitive leadership is a must.

### CLOSING

With the above five interactive planning activities completed, the local team can prepare and submit a final written document with budget to the general public, the school board, parent groups, and other agencies for discussion, modification, and approval. Once the plan has been approved, the next level of intense work begins--moving the community's preschool program off the drawing board and into operation.

The challenge of providing appropriate, high-quality, collaborative, and culturally and linguistically relevant special education and related services to young handicapped children can be met with careful program planning. As Beckman and Burke (1984) observe: "It is clear that the task of educating young handicapped children has become increasingly complicated and challenging as our knowledge has increased . . . . The task in the next decade is to continue to plan, experiment, and evaluate the complexities. In this way we may begin to translate our knowledge into more effective ways of serving young handicapped children and their families" (p. 30).

For more information about planning services for young handicapped children, and their families, please feel free to contact the author and local, regional, or state infant and early childhood specialists. Materials on program planning and development are cited in the Reference Section on the following pages.



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